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consmitted to the USPTO (571) 273-2885, on the date indicated below. JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003 Jamie D. Wardell mil (Signature (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 10/674.235 09/29/2003 Rudolph Nobis ENDS214USNP 1897 TITLE OF INVENTION: ACTUATION MECHANISM FOR FLEXIBLE ENDOSCOPIC DEVICE APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE (anoisiona) \$1510 \$300 \$0 \$1810 03/22/2010 EXAMINER ART UNIT CLASS-SUBCLASS NGUYEN, VI X 3731 606-205000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Pee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) RLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) RECORDAL Date: 06/28/2004 Reel/Frame: 015508/0744 ETHICON ENDO-SURGERY, INC. CINCINNATI, OHIO Please check the appropriate assignee category or categories (will not be printed on the parent): 🔲 Individual 🔯 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) X Issue Fee A check is enclosed. Dublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. M The Director is hereby surhorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Pee and Publication Fee (If required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Pacent and Trademark Office. /Gerry S. Gressel/ 2010 IF2 <u>89/388896 188758</u> 18674235 March Authorized Signature Gerry S. Gressel Typed or printed name ____ **34.342** sg da Registration No. 501

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